



PERSONAL INFORMATION DATA

DATE _____

EMPLOYEE'S INFORMATION

SOCIAL SECURITY NUMBER _____

LAST NAME _____ FIRST NAME _____ MI _____

STREET ADDRESS _____

CITY/COUNTY _____ STATE _____

ZIP _____ - _____ AREA CODE _____ PHONE _____

EMERGENCY ADDRESSEE'S INFORMATION

LAST NAME _____ FIRST NAME _____ MI _____

STREET ADDRESS _____

CITY/COUNTY _____ STATE _____

ZIP _____ - _____ AREA CODE _____ PHONE _____

EMPLOYEE'S SIGNATURE _____

PRIVACY ACT STATEMENT FOR EMPLOYEE HISTORY

This statement is provided in compliance with the provisions of the Privacy act of 1974 (P.L. 93-579), which requires that Federal agencies must inform individuals that are requested to furnish information about themselves as to the following facts concerning the information requested. Solicitation of this information is authorized under 5 USC 301. The information solicited is used to effect and record changes in the personnel information supplied by the employee; maintain the employee's personal record; the payroll record and to assist in the appointment processing. The supplying of the information is voluntary, however, inaccurate information may result in failure to make proper notification in the event of an emergency.